

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045899

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. SSPrimary Registration District No. 3006Registrar's No. 700

FILED DEC 18 1962

1. PLACE OF DEATH  
a. COUNTY BOONEb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN COLUMBIALength of stay in 1b  
12 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION U M M CInside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN Chillicothed. STREET  
ADDRESS 244 Lilly

(If outside, give location)

Inside Limits  
Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First CARLOS

Middle

Last McGinity4. DATE  
OF DEATHMonth 12Day 12Year 625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
4/21/089. AGE (last birthday)  
54 yrs.IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Common Labor10b. KIND OF BUSINESS OR INDUSTRY  
Common Labor11. BIRTHPLACE (City and state or country)  
AVARON, Mo.12. CITIZEN OF WHAT COUNTRY  
USA13a. FATHER'S NAME  
Melvin McGinity13b. MOTHER'S MAIDEN NAME  
Maggie Buner

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT  
Univ. of Mo. Medical Records

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Renal insufficiency with uremic syndromeConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Infiltrative Disease of Kidney

DUE TO (c)

Hematopoietic Malignancy of unspecified typePART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)Bilateral BronchopneumoniaPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 30, 1962 to Dec. 12, 1962 and last saw him alive on Dec. 12, 1962Death occurred at 8:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Michael R. Richmond, MD

22b. ADDRESS

Univ. of Mo. Medical Center

22c. DATE SIGNED

12-13-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

23b. DATE

12-13-1962

23c. NAME OF CEMETERY OR CREMATORY

Burialda Cemetery 12-16-62  
Avaron, Mo

23d. LOCATION (City, town, or county)

Chillicothe, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parson Funeral Service, Columbia Mo

25. DATE RECD. BY LOCAL REG.

Dec 13, 1962

26. REGISTRAR'S SIGNATURE

Mar. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Harold A. Sparks, Student Embalmer No. 488

working under my personal supervision.

Student Harold A. Sparks  
Signature of Student Embalmer

Signed J. W. Phillips  
Licensed Embalmer No. 4897

P. O. Address Columbus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.